

SPECIAL TRAINING REQUEST FORM

EMPLOYEE:

TITLE:

LOCATION:

COURSE – TITLE:

DATE:

LOCATION:

JUSTIFICATION FOR TRAINING:

COST – TUITION:

TRAVEL:

IS THIS IN YOUR EDP?                                      
   YES                            NO

\_\_\_\_\_  
First Level Supervisor's Signature

\_\_\_\_\_  
Approval

\_\_\_\_\_  
Disapproval

\_\_\_\_\_  
Second Level Supervisor's Signature

\_\_\_\_\_  
Approval

\_\_\_\_\_  
Disapproval

\_\_\_\_\_  
Training Officer's Signature

\_\_\_\_\_  
Approval

\_\_\_\_\_  
Disapproval

\_\_\_\_\_  
State Conservationist's Signature

\_\_\_\_\_  
Approval

\_\_\_\_\_  
Disapproval